



# National Institute on Drug Abuse (NIDA) Washington D.C. Opioid Summary

Last Updated March 2019 <a href="https://www.drugabuse.gov">https://www.drugabuse.gov</a>

## Washington D.C. Opioid Summary

#### **Opioid-Involved Overdose Deaths**

In 2017, there were 244 overdose deaths involving opioids in Washington, D.C.—a rate¹ of 34.7 deaths per 100,000 persons compared to the average national rate of 14.6 deaths per 100,000 persons. This makes it the third highest rate in the country. The greatest rise occured among deaths involving synthetic opioids other than methadone (mainly fentanyl), with 13 to 182 cases between 2014-2017 (Figure 1). In the same period, heroin-involved deaths tripled from 37 to 127 and prescription opioid-involved deaths doubled from 23 to 358 cases.

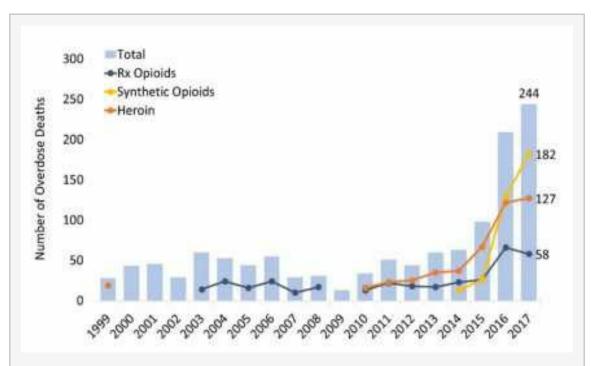


Figure 1. Number of overdose deaths involving opioids in Washington D.C., by opioid category. Drug categories presented are not mutually exclusive, and deaths might have involved more than one substance. Source: CDC WONDER.

#### **Opioid Pain Reliever Prescriptions**

In 2017, Washington, D.C. providers wrote 28.5 opioid prescriptions for every 100 persons (Figure 2). The average U.S. rate in the same year was 58.7 prescriptions per 100 persons (CDC).

The rate of overdose deaths involving opioid prescriptions rose from 3.7 deaths per 100,000 persons in 2015 to 8.4 deaths per 100,000 persons in 2017.

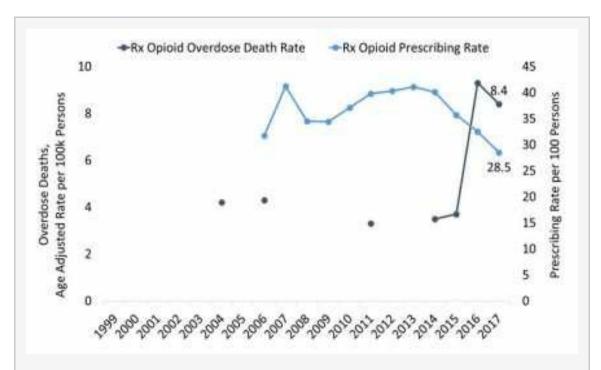


Figure 2. Washington, D.C. rate of overdose deaths involving prescription opioids and the opioid prescribing rate. Source: CDC and CDC WONDER.

#### **Neonatal Abstinence Syndrome (NAS)**

NAS or neonatal opioid withdrawal syndrome (NOWS) may occur when a pregnant woman uses drugs such as opioids during pregnancy. A recent national study revealed a fivefold increase in the incidence of NAS/NOWS between 2004 and 2014, from 1.5 cases per 1,000 hospital births to 8.0 cases per 1,000 hospital births. This is the equivalent of one baby born with symptoms of NAS/NOWS every 15 minutes in the United States. During the same period, hospital costs for NAS/NOWS births increased from \$91 million to \$563 million, after adjusting for inflation (Figure 3).

To date, there is no standard in NAS/NOWS provider and hospital coding practices (CDC). As a result, there is variability in trends and in the rate reported by states. The most recent data on the rate of babies born with NAS/NOWS in Washington, D.C. is from 2014 hospital discharge data. The NAS/NOWS rate was 1.3 and 1.6 cases per 1,000 hospital births in 2013 and 2014, respectively; the only years for which data are available (Healthcare Cost and Utilization Project).

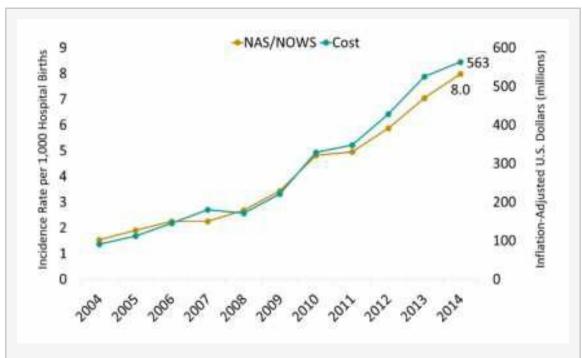


Figure 3. NAS/NOWS Incidence rate and hospital costs for treatment in the United States. Source: T.N.A. Winkelman, et al., 2018.

### HIV Prevalence and HIV Diagnoses Attributed to Injection Drug Use (IDU)

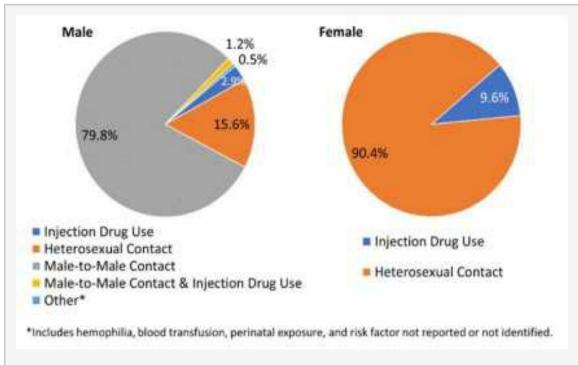


Figure 4. Washington D.C.: Estimated percent of male vs. female with new HIV diagnoses, by transmission category, 2016. Source: CDC and www.AIDSVU.org.

- **U.S. Incidence:** In 2016, 9 percent (3,480) of the 39,589 new diagnoses of HIV in the United States were attributed to IDU. Among males, 6.3 percent (2,530) of new cases were transmitted via IDU or male-to-male contact and IDU. Among females, 2.3 percent (950) were transmitted via IDU (CDC).
- **U.S. Prevalence:** In 2016, 991,447 Americans were living with a diagnosed HIV infection—a rate of 306.6 cases per 100,000 persons. Among males, 19.9 percent (150,4661) contracted HIV from IDU or male-to-male contact and IDU while 21 percent (50,154) of females were living with HIV attributed to IDU (CDC).
- State Incidence: Of the new HIV cases in 2016, 423 occurred in Washington, D.C. Among males, 4.1 percent of new HIV cases were attributed to IDU or male-to-male contact and IDU. Among females, 9.6 percent of new HIV cases were attributed to IDU (Figure 4) (AIDSVu).
- **State Prevalence:** In 2015, an estimated 14,972 persons were living with a diagnosed HIV infection in Washington, D.C.—a rate of 2,590 cases per 100,000 persons. Of those, 17.4 percent of cases

among males were attributed to IDU or male-to-male contact and IDU. Among females, 25.7 percent were living with HIV attributed to IDU (AIDSVu).

## Hepatitis C (HCV) Prevalence and HCV Diagnoses Attributed to Injection Drug Use<sup>2</sup>

- **U.S. Incidence:** In 2016, there were an estimated 41,200 new cases of acute HCV<sup>3</sup> (<u>CDC</u>). Among case reports that contain information about IDU, 68.6 percent indicated use of injection drugs (<u>CDC</u>).
- **U.S. Prevalence**: An estimated 2.4 million Americans are living with HCV based on 2013-2016 annual averages (<u>CDC</u>).
- State Incidence: This data is unavailable for Washington, D.C. (<u>CDC</u>).
- **State Prevalence**: In Washington, D.C., there are an estimated 12,700 persons living with Hepatitis C (2013-2016 annual average), a rate of 2,340 cases per 100,000 persons (<u>HepVu</u>).

#### **Additional Resources**

- DC.gov Executive Office of the Mayor, <u>Efforts to Prevent Opioid</u>
   <u>Addiction and Overdose</u> and the Drug Enforcement Administration
   Washington Division, <u>Washington Heroin and Fentanyl Fact Sheet</u>
- Centers for Disease Control and Prevention, Opioid Overdose



FY2018 NIH-funded projects related to opioid use and use disorder in Washington D.C.: 0

Find treatment in Washington D.C. (SAMHSA)

#### **Notes**

- 1. Rates are age adjusted using the 2000 U.S. standard population. See CDC WONDER at https://wonder.cdc.gov/ for methods.
- 2. Not all states collect or report data on the incidence or prevalence of Hepatitis C or on how Hepatitis C is transmitted. When available, the data will be included.
- 3. Actual acute cases estimated to be 13.9 times the number of reported cases in any year